



REQUEST FOR DEMINIMUS DISTRIBUTION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 52051 (Rev. 08/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION			
Name (Last, First, Mi)		Social Security Number	
Address		Daytime Phone Number	
City	State	Zip Code + 4	Date
My provider Company is:			
I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria: a) The total value of deferred assets in the program is less than \$5,000; b) I have not contributed to the plan in the preceding two years; and c) I have not previously received a distribution from the plan.			
_____		_____	
Participant Signature		Date	
PART B PROVIDER COMPANY AGENT (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)			
This certifies the above participant's deferred compensation aggregate account balance is: \$ _____.			Date
Provider Company		_____	
		Agent Signature	
PART C NDPERS AUTHORIZATION			
Approved for the Retirement Board by:			
_____			_____
Authorized Agent, North Dakota Deferred Compensation Plan			Date